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## FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

or softward	FOR THE SOUT	HERN DISTRICT	OF MISSISSIP	LACUTUERN DISTRICT OF WINDOW
		COMPLAINT		FILED
205000	169994			0 . 0040
Last Name)	(Identification Number)			MAY 24 2018
JENAVIIUS 1	4070NE		1. 1. M. C. S. C. S. C. M. C. C.	
First Name)	(Middle Name)			ARTHUR JOHNSTON
Wilkinson.	(1CH)			8Y
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	action, complete the follow			and appeal filed by you. (If there the reverse side of this page or
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2. Court (i	f federal court, name the dis	strict; if state court, name		MIKH WISKIE
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## PARTIES

(In item I below, place your name and for additional plaintiff, if any).	prisoner number in the first blank :	and place your present address in the se	scond blank. Do the sam
I. Name of plaintiff: Of nation	1 A. Rosca Prisoner N	Jumber: 169994	
Address: 2991 Hay Un	rowth woodn'tte n	VISSISST MPT.	
			•
(In item II below, place the full name employment in the third blank. Use t defendants.)	of the defendant in the first blanche space below item II for the n	nk, his official position in the second ames, positions, and places of emplo	d blank, and his place of syment of any additional
II. Defendant: Jody BRadle	1 GalFiel walker		is employed as
Warden/OconA	swalten.	at Wilkin	son Counts
CORRECTION face	Tites.		
PLAINTIFF: NAME: OANVIS ROSAL	ADDRESS: 2999 F	lay Grorth w	odville_
DEFENDANT(S):		, ,	•
VAME: JODO BRANN.	ADDRESS 399 Hall	black wpolinite	micciec Doi
Crabbiel walker	2 and Hwy wal	NORTH Woodville mississi	DDi
4004 Duniel		A No Ath wood ville mis	
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## GENERAL INFORMATION

A.	At the time of the incident complained of in this complain	at, were you incarcerated because you had been convicted of a crime?
	Yes(V) No()	
В.	Are you presently incarcerated for a parole or probation	violation?
	Yes ( V) No ( )	
C.		nt, were you an inmate of the Mississippi Department of Corrections
	(MDOC)?	
	Yes ( // No ( )	
<b>D</b> .	Are you currently an inmate of the Mississippi Departme	ent of Corrections (MDOC)?
Α.	Yes.(c // )c c No ( ' ' ' )	sked had as perhad been convicted of a office?
E.	Have you completed the Administrative Remedy Progra	m regarding the claims presented in this complaint?
·	Yes (of preseNo ( ), if so, state the results of the proc	edure:
	The Control of the Co	
E.	If you are not an inmate of the Mississippi Department of (MOOC)?	of Corrections, answer the following questions amount of Corrections
	1. Did you present the facts relating to your compl	aint to the administrative or grievance procedure in your institution?
	Yes ( ) No ( )	. 1
D.	2. State how your claims were presented written	request verbal request, request for forms): What Happen
<i>7</i> 4.	Were when, why	. But the constraint of water and the
<b>6.</b>	facility outcomes and the second of the seco	in a graduate to this complaint?
term at the last	3. State the date your claims were presented:	April 6,2018.
F - 1988 F 1 P - 1 1 1	4. State the result of the procedure:	
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Per Const. 1840 - 1979 - NTHE American Specify Arian.

## STATEMENT OF CLAIM

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a nui	mber of differ	ent claims,	number and	d set forth eg	ch claim in a	separate para	graph. (U	se as much	space as y	ounced; 2
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